



**Home and Community Based  
Services  
Quality Improvement Training**

**September 9, 2015**



## Objectives

- Understand the difference between Quality Assurance (QA) and Quality Improvement (QI)
- Purpose of Quality Improvement
- How to improve your Quality Improvement process
- Purpose of discovery, remediation, and improvement
- Examples of Quality Improvement Projects



## What is Quality Assurance?

- Outcome based
- Retroactive
- A starting point
- Improve outcomes



## What is Quality Improvement?

- Analysis of performance and systematic efforts to improve
- Involves both prospective and retrospective reviews
- Aimed at improvement
- Creates a system to prevent errors
- Empowers all staff to make improvements
- Proactive approach



## Purpose of Quality Improvement

- Increase efficiency
- Reduce errors
- Improve communication
- Improve on the work you are already doing



## Quality Improvement Regulations

- 42 CFR 441.301(c)(4) State assurance requirements
- IAC 441-77.25(3)c – Habilitation services
- IAC 441-77.30(18)d – Health and Disability Waiver
- IAC 441-77.33(22)d – Elderly Waiver
- IAC 441-77.34(14)d – AIDS/HIV Waiver
- IAC 441-77.37(1)f – Intellectual Disability Waiver
- IAC 441-77.39(1)f – Brain Injury Waiver
- IAC 441-77.41(12)d – Physical Disability Waiver
- IAC 441.77.46(1)d”7” – Children’s Mental Health Waiver



## The Model for Improvement





*“Quality is never an accident;  
it is always the result of high intention,  
sincere effort, intelligent direction, and  
**SKILLFULL EXECUTION.**  
It represents the wise choice of many  
alternatives....”*

*William A. Foster*





## Who should be included on your QI team

- Team members vary, and should be selected based on:
  - What is the aim?
  - What system will be affected by the improvement process?
  - Who is familiar with the process?



## Quality Improvement Cycle

- It is a living, breathing, document that doesn't end....It continues as the agency grows and learns.....
    - Discover
    - Remediate
    - Improve
- =Quality Services



## What is Discovery?

- Tools for assessing performance of
  - Process
  - Program
  - Policy
- Produce Baseline Data
- Measure program outcomes
- Identify areas for Quality Improvement



## Discovery cont.

- Performance measures
- Where will the data come from?
- Who is responsible for collecting the data?
- Who will generate reports?
- How often will reports be generated?
- Who will monitor data for compliance and trends?



## What is the Goal of Discovery?

- Improve program operations
- Guide policy development
- Document and monitor quality improvement activities
- Identify thresholds
- Meet regulatory requirements



## How to Improve through Discovery

- Three basic questions:
  - What are we trying to accomplish?
  - How will you know a change is an improvement?
  - What changes can be made to achieve our aim/goal?



## What Happens If You Don't Measure?

- How do you know?
  - If you are improving or declining?
  - Where do we need to improve?
  - How you compare to others?
  - Where are cost-effective results being produced?
  - Are we achieving our mission and vision?



## Remediation

- What actions you will take to address (fix) the problem?
- Set time frames for accomplishing remediation actions
- Who is responsible for monitoring as remediation occurs?
- Corrective activities are implemented in this step





## Examples of Procedures for Remediation

- Identify specific steps to be taken
- Develop and implement the remediation plan
- Timeframes
- Position responsible
- Target completion date
- Expected outcomes



## Improvement

- Evaluation process
- Steps taken to monitor the impact of the remediation plan
- Evaluate improvement
  - Action steps
  - Monitor progress
  - Documentation
  - Completion date



## Example of a QI Project # 1

### Satisfaction Survey Project

- **Areas of Improvement:**
  - Increase person-centeredness of services
  - Use member feedback to improve services
  - Promote positive behavior interventions
- **The project requires:**
  - Staff training
  - Surveys



## Example of a QI Project cont.

- **Describe your project:**
  - Administrative Assistant will send out a mass mailing to all service participants or their legal representative
  - Results will be tallied and action will be taken on areas that fall below satisfaction rating



## Example of QI Project # 2

- **Outcomes and Outcome Indicator**
  - Review of personnel files
- **Measurement Methods**
  - Review personnel files, track errors and corrections using audit checklist
  - Ensure evidence of background checks, required trainings, annual job performance evaluations, etc.
- **Data Collection Method**
  - Current personnel files, training records, and audit checklist



## Example QI Project cont.

- **Data Collection Frequency**
  - Collect annually
- **Sample Size**
  - All personnel files
- **Outcome Objective**
  - 90% of all personnel files have all items on the checklist current



## Example of QI Project # 3

Recommendations Requiring Action	Action Steps				Progress	Final Follow Up	
	Measurable Steps	Persons Responsible	Start Date	Target End Date		Supportive Documentation	Target End Date
Agency A assures that required background checks are completed prior to hire	Develop policy to assure background checks are completed at hire 100% of the time	Director	10-1-15	12-1-15	<p>New format for vacancy interview standards and background check processes were successfully piloted with the interviews for new hires during the 1<sup>st</sup> and 2<sup>nd</sup> week of September</p> <p>Verified all checks were done on current staff</p>	<p>Revised hiring processes</p> <p>Processes added to Agency A's HR book and will be used on an ongoing basis</p> <p>By October 1 of every year, the agency will conduct a background check on all current employees to verify all employees are still eligible and qualified to continue employment</p>	



## Example of QI Project # 4

Plan of Action	Person Responsible	Timeline of Completion
Member A's team met following the supervision gap. A request to submit a D4 was initiated. The team asked for additional staff to provide supports for Member A (4 hours on the weekdays and 5 hours on the weekend)	Program Director	02-01-2015
Member A's team agreed to implement alarms on the front and back doors to ensure that staff were aware of any attempts to elope from his/her home.	Area Director	02-01-2015
It was discovered on 03-26-2015 that alarms were not actually installed, but were installed 03-29-2015. This failure to follow-through with the request will be addressed by HR	Program Director	02-01-2015
The guardian for Member A requested he/she relocate to another location where he/she had previously been placed and done well	Area Director	02-01-2015
Member A had another incident where a lack of supervision occurred on 03-26-2015 where Member A was not provided the appropriate level of supervision according to the supervision requirements. The employee received Corrective Disciplinary Action	Front Line Supervisor	02-01-2015
After the incident on 03-26-2015 incident, a debriefing was completed of the incident that included additional action steps. These action steps include retraining on Member A's person centered on the job training for ALL employees supporting him/her	Front Line Supervisor	04-03-2015
Another recommendation from the debriefing in that all Agency A staff working in Galena will review the same supervision memo utilized in at the Chicago sites. All employees will receive the member by 04-03-2015 and it will be discussed at the April Staff Meetings	Front Line Supervisor	04-30-2015





## Example of QI Project # 4

Plan Of Action	Person Responsible	Timeline of Completion
Agency A has an expectation in place to train employees of supervision expectations for all members. The process will be reviewed internally to determine if any clarifications or improvements are needed.	Director of Training and Staff Development	04-15-2015
Should any changes be made, training will occur with all Agency A's administration and staff training reports will be completed.	Director of Training and Staff Development	05-01-2015 if necessary
An intake process will be initiated that includes the following: <ul style="list-style-type: none"><li>• Supervision expectations form that outlines the members' supervision clearly.</li><li>• The form will be signed at intake meeting by member's team.</li><li>• The form will be reviewed at 30 days with the member's team.</li><li>• Minimally, this form will be completed annually if there are no supervision expectation changes.</li><li>• Should there be a change in expectations during the year, the member's team must meet and the Supervision Expectation form must be redone.</li><li>• Prior to the changes in supervision taking place, an addendum from the case manager must be received.</li><li>• When the addendum is received a new plan of care and training on expectations with employees will occur.</li></ul>	Program Coordinator	Initiating the process 04-01-2015 and ongoing



## Prioritization Worksheet for Home and Community Based Services (HCBS) Quality Improvement Projects

*Directions:* This tool will assist in choosing which potential areas for improvement are the highest priority based on the needs of the participants and the organization. Follow this systematic assessment process below to identify potential areas for Quality Improvement (QI) projects. This process will consider such factors as high-risk, high-volume, or problem-prone areas that affect health outcomes and quality of care/life. This tool is intended to be completed and used by the QI team that determines which areas to select for QI projects. Begin by listing potential areas for improvement in the left-hand column. Then score each area in the following columns based on a rating system of 1 to 5 as defined below:

1 = very low	2 = low	3 = medium	4 = high	5 = very high
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Rating is subjective and is meant to be a guide and to stimulate discussion. Finally, add the scores across the row and tally in the final column. Potential improvement areas with a higher score indicate a higher priority.

POTENTIAL AREAS FOR IMPROVEMENT. Consider areas identified through: <ul style="list-style-type: none"> <li>Dashboard(s)</li> <li>Feedback from staff, participants, families, , other</li> <li>Incidents, near misses, unsafe conditions</li> <li>Quality Measures</li> </ul>	PREVALENCE: The frequency at which this issue arises in our organization.	RISK: The level to which this issue poses a risk to the well-being of our participants.	COST: The cost incurred by our organization on each time this issue occurs.	RELEVANCE: The extent to which addressing this issue would affect participant quality of life and/or quality of care.	RESPONSIVENESS: The likelihood an initiative on this issue would address a need expressed by participants, family and/or staff.	FEASIBILITY: The ability of our organization to implement a QI project on this issue, given current resources.	CONTINUITY: The level to which an initiative on this issue would support our organizational goals and priorities.	TOTAL SCORE



## Links to QI Sample Plans

- [http://www.hcbsimprovement.info/sites/g/files/g1747321/f/201507/Quality%20Improvement%20Sample%20Projects\\_0.pdf](http://www.hcbsimprovement.info/sites/g/files/g1747321/f/201507/Quality%20Improvement%20Sample%20Projects_0.pdf)
- [http://www.ct.gov/dcf/lib/dcf/regions/region\\_4/pdf/continuous\\_improvement\\_plan\\_guide\\_and\\_template\\_nov\\_2010.pdf](http://www.ct.gov/dcf/lib/dcf/regions/region_4/pdf/continuous_improvement_plan_guide_and_template_nov_2010.pdf)
- <http://www.ct.gov/dmhas/lib/dmhas/oaswise/waiverqiplan.pdf>



## Resources

- [http://www.hcbsimprovement.info/sites/g/files/g1747321/f/201506/Stratis%20Health%20Prioritization%20Worksheet\\_0.pdf](http://www.hcbsimprovement.info/sites/g/files/g1747321/f/201506/Stratis%20Health%20Prioritization%20Worksheet_0.pdf)
- <http://www.health.state.mn.us/divs/opi/qi/toolbox/print/checksheet.pdf>
- <https://www.legis.iowa.gov/docs/ACO/IAC/LINC/01-07-2015.Chapter.441.77.rtf>



## Questions

Submit any related questions regarding Quality Improvement to:

[HCBSWaiver@dhs.state.ia.us](mailto:HCBSWaiver@dhs.state.ia.us)